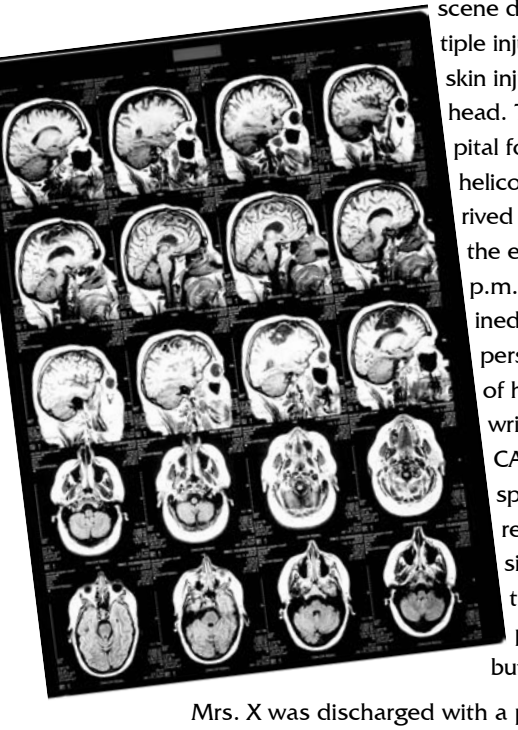
$5.75 Million Settlement
MEDICAL MALPRACTICE

Hospital's Lack of Timely Care and Proper Treatment Causes Brain Damage

Despite hospital policy that requires a 24-hour admission for trauma patients, crash victim was sent home

On the evening of April 21, 2001, Mrs. X was driving her car on a Florida highway when another vehicle ran through a stop sign and crashed into her car. The force of the impact caused her head to hit the windshield of her car, cracking the glass. The force of her body bent the steering wheel. First-responders to the accident scene documented Mrs. X's multiple injuries, including a large skin injury to the top of her head. They called the local hospital for a medical evacuation helicopter. The helicopter arrived and delivered Mrs. X to the emergency room at 9:30 p.m., where she was examined by the hospital's medical personnel. They took x-rays of her chest, ankle, and wrist, but did not perform a CAT scan of her head. Despite hospital policy that requires a 24-hour admission for observation of trauma patients, the hospital did not admit Mrs. X but instead sent her home.



Mrs. X was discharged with a prescription for pain medication. Hospital personnel lifted Mrs. X into her mother's car and her mother drove her home. Because Mrs. X was unable to walk, her mother wheeled her into the house using an office chair. She was placed on the living room sofa where she remained throughout the night. Early the next morning her husband found her having seizures and called for emergency help.

The paramedics arrived and she was returned to the hospital. A CAT scan revealed a 1 x 6 x 2 cm hematoma on the left frontal lobe of her brain. Mrs. X suffered four more seizures but anticonvulsant medication was not administered in a timely fashion, nor in a sufficient amount.

An in-hospital neurosurgical consultation required by hospital policy within one hour of admission did not occur until the next day. With continued lack of physician care, Mrs. X suffered increased intracranial pressure and ongoing intracranial bleeding. She went into paralysis and became comatose. The next day, the neurosurgeon finally arrived to examine Mrs. X and performed emergency surgery on her at 9:20 a.m. This was, however, too little, too late.

Had the hospital performed a proper examination of Mrs. X at her initial arrival in the emergency room, a scan of her brain would have revealed slight damage caused by the accident. Had Mrs. X been admitted to the hospital on the night of her accident, as was prescribed by hospital policy, the seizures would have occurred when skilled medical care could have been administered by personnel at the hospital. Because of the persistent lack of timely care and proper treatment, Mrs. X was left with permanent brain damage, right-sided paralysis, and associated medical problems. She required extensive rehabilitation.

Had the hospital performed a proper examination in the emergency room, a brain scan would have revealed slight damage caused by the accident. Had she been admitted to the hospital on the night of her accident, the seizures would have occurred when skilled medical care could have been administered.

Since discharge, Mrs. X has suffered multiple fractures due to falls, intractable migraine headaches, onset of diabetes due to inactivity, incontinence, severe pain and mental and psychological difficulties including depression and post-traumatic stress disorder. Her ability to function normally has deteriorated and she is dependent upon others to help care for her.

Mrs. X and her husband asked SDSBS attorney David Kelley to represent them in a medical malpractice action against the hospital and its medical personnel. Prior to the scheduled trial date, the parties reached a settlement in the amount of $5.75 million for Mrs. X. The settlement included an annuity which will help care for Mrs. X's financial needs for the rest of her life. ■